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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-47)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:

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HEADLINE: 'Have Needle, Will Travel'

NMCL New Orleans (NSMN) -- The traditional medical treatment facility "20-mile catchment area" has limited applicability in the New Orleans area due to the ominous presence of very large bodies of water that transverse the terrain. In fact, some of Naval Medical Clinic New Orleans' beneficiaries reside on the "Northshore" -- the suburbs located just north of massive Lake Ponchatrian, more than 40 miles from the Naval Medical Clinic.

On 28 November, three members of the clinic's Wellness Team completed their annual trek across the lake to provide flu shots for Northshore residents, including numerous older retirees, a high risk group for influenza.

"It's greatly appreciated that you are giving these shots here in Slidell instead of us having to drive to New Orleans or Keesler Air Force Medical Center (in Mississippi)," said retired Master Chief Petty Officer Ron Boelter in expressing thanks to team members LCDR Paul Albares, NC, HM2 Regina Richard, and HM2

Joel Warners.

The Naval Medical Clinic's Health Promotion Coordinator, Janey Mistich, said the clinic's annual "Northshore Campaign" is conducted in collaboration with the Memorial Hospital of Slidell, LA.

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HEADLINE: Advance Directives Help Family During Difficult Time

BUMED Washington (NSMN) -- For most people, contemplating their demise is not high on the priority list. But your forethought can help ease the emotional burden on your family if you are hospitalized with a life-threatening illness or injury. If you are unable to make decisions about your care, your closest relative must make the hard choices at a time of severe emotional distress. If you have an advance directive, you've made those decisions known.

Advance directives can be any written statement of your wishes regarding your health care that goes into effect if at some time you are unable to make health care decisions. The most common types of advance directive are a living will and a durable health care power of attorney, which are both legal documents. Generally, it is a good idea to have both a living will, which states your desires concerning medical treatment, and a durable health care power of attorney, which gives another adult person the legal authority to make medical treatment decisions for you if you become unable to do so.

Before you prepare an advance directive, you should discuss your medical treatment wishes with your physicians, close family members, and the person to be named in your durable health care power of attorney. You should give a copy of your advance directive to your primary physician and also place a copy in your outpatient record, if you have one. A copy of any durable health care power of attorney should also be given to the person named in it.

You are not required to have advance directives, but they are the most effective way to ensure your desires concerning medical treatment are honored if you become unable to communicate your choices to those providing medical care.

In your advance directive, you should declare your desires concerning the initiation or withdrawal of life-sustaining medical treatment, typically including:

- Cardiopulmonary Resuscitation (CPR)
- Dialysis
- Ventilator or breathing machine
- Receiving food, water or medications through tubes
- Receiving pain medication and comfort care.

Your local military medical treatment facility may have advance directive forms available, or your local Navy Legal Assistance Office can help you prepare an advance directive. The American Medical Association (AMA), American Bar Association and the American Association of Retired People have joined together and published a detailed package on advance directives, which is available on the AMA's Home Page on the World Wide Web <HTTP:[double forward slash]www.ama-assn.org>. Just click on

"What's New" and scroll down to "Read, download new advance medical directive."

In a brochure about advance directives prepared by the National Naval Medical Center Bethesda, MD, patients are reminded that "you are a member of your own health care team. Your wishes about your care are important to your doctor and the other health care professionals. They can serve you best if you continue to talk with them and with your family throughout your treatment, both in and out of the hospital." Having advance directives means your voice will still be heard, even if you are unable to speak for yourself.

Information from the American Medical Association and National Naval Medical Center Bethesda, MD

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HEADLINE: Navy Medical Service Corps Officer Makes History

BUMED Washington (NSMN) -- History was made 1 December at the Navy's Bureau of Medicine and Surgery when RADM S. Todd Fisher, Medical Service Corps, was promoted to the rank of rear admiral upper half.

Fisher is the first MSC officer to hold the rank of two-star admiral since the establishment of the Medical Service Corps in 1947. The Medical Service Corps consists of health care professionals who specialize in areas such as health care administration and health care sciences. Although being the first two-star MSC officer is a major milestone in his career, this is not Fisher's first "first."

Fisher is also the first officer who is not a physician to fill the number two position in Navy medicine -- Deputy Director, Naval Medicine and Deputy Chief, Bureau of Medicine and Surgery. Fisher assumed this position in June.

"I recognize the awesome responsibility of wearing the two stars, and also of one who is breaking trails," Fisher said to a crowd of over 100 staff members from BUMED who watched the historic promotion. "I won't let you down," he added.

"Admiral Fisher distinguished himself not only in his own corps, but among all of his Medical Department colleagues," said VADM Harold M. Koenig, MC, Navy Surgeon General and Chief, Bureau of Medicine and Surgery. "I am proud to have him serve as my deputy. His second star will take him to unlimited horizons." Story by LT Edie Rosenthal, Bureau of Medicine and Surgery

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HEADLINE: Pharmacy at NAVHOSP Twentynine Palms Enters the Future

NAVHOSP Twentynine Palms, CA (NSMN) -- Imagine speaking to a computer to refill your prescription medication ... this is not the year 2001, but today.

Naval Hospital Twentynine Palms' Pharmacy has joined the growing ranks of medical treatment facilities that have installed a Voice Recognition Module in their automated prescription refill machine. Today, most naval hospitals have the Voice Recognition Module and over the next few months all naval hospitals and many naval medical clinics will have this high-tech capability.

The Voice Recognition Module allows patients to speak their

prescription refill information via telephone into a computer database which then processes the information and informs the patients if the prescription can be filled and when the refill may be picked up. If the refill has been called in too early, the computer will let the patient know the earliest date when the prescription may be refilled.

The Voice Recognition Module has allowed the Pharmacy to extend the hours of calling in prescription medication to 24 hours a day, seven days a week.

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HEADLINE: OCHAMPUS Awards TRICARE Contract to Humana

NAVHOSP Pensacola, FL (NSMN) -- The Office of the Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS) has awarded a \$3.8 billion contract covering five-and-a-half years to Humana Military Healthcare Services, Inc., to provide assistance in the delivery of health care to active duty and CHAMPUS-eligible beneficiaries under TRICARE, the Department of Defense's new regional managed care program for both Regions III and IV, said Region IV's Lead Agent, Brig Gen Pedro N. Rivera, USAF, MC.

Region IV, also known as TRICARE GulfSouth, includes almost 600,000 eligible beneficiaries and more than 13 major military medical treatment facilities (MTFs) -- including Naval Hospital Pensacola, FL, and Naval Hospital Millington, TN -- and covers Northwest Florida, Mississippi, Alabama, Tennessee and Southeastern Louisiana. Region III, including Naval Hospital Jacksonville, FL, Naval Hospital Charleston, SC, and Naval Hospital Beaufort, SC, encompasses the remainder of Florida, Georgia and South Carolina.

TRICARE is the DoD's regional managed care program that "brings together the health care delivery systems of each of the military services, as well as CHAMPUS," says Naval Hospital Pensacola Commanding Officer CAPT Ralph A. Lockhart, MSC. "It will also enhance our capability while allowing us the flexibility we need to fulfill our readiness and health care mission," he said.

"The awarded TRICARE managed care contract mandates a cooperative and supportive effort to better serve military patients and to better use the resources available to military medicine," said Lockhart. "The goal of TRICARE is to provide beneficiaries high quality, more easily attainable health care at a reasonable cost."

There will be three options for the health consumer to select from: TRICARE Standard (currently known as Standard CHAMPUS); TRICARE Extra (replacing CHAMPUS Select); and TRICARE Prime, which is an HMO-type option. All active duty personnel will be enrolled in Prime. Although Medicare-eligible retirees cannot enroll in TRICARE at this time, they can use several services available at TRICARE Service Centers, including: space-available appointments at the local MTF, referrals to local providers who agree to accept Medicare assignment and file claims for Medicare patients, beneficiary briefings describing specific local initiatives to enhance medical benefits, and information

about Medicare HMO programs in the local community.

Humana Military Healthcare Services, Inc., a division of Humana, Inc., of Louisville, KY, will provide medical services not available in military facilities, to include support in administrative functions, processing claims, enrollment, provider information, educational services and marketing. The contractor will tentatively begin enrollment in TRICARE Prime during the May-June 1996 timeframe. Because the award was made later than originally planned, the start of health care delivery may be moved from 1 May 1996 to 1 July, in order to allow for an adequate transition period.

All DoD beneficiaries are urged to gain as much knowledge as possible about TRICARE in the months ahead. Civic groups and commands in and around the hospital or its Branch Medical Clinics -- at Panama City and Milton, FL; Meridian, Gulfport or Pascagoula, MS; -- that are interested in a presentation about TRICARE may call LCDR Terry Lane at (904) 452-6078 or their local Health Benefits Advisor.

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HEADLINE: CHAMPUS Form Changes for Claims Made in United States
OCHAMPUS Aurora, CO (NSMN) -- The old, yellow CHAMPUS claim form -- DD Form 2520 -- submitted by patients for civilian care received under CHAMPUS/TRICARE Standard will not be accepted for services in the United States and Puerto Rico after 31 December.

Beginning 1 January 1996, CHAMPUS/TRICARE contractors will only accept the new white CHAMPUS claim form (Patient's Request for Medical Payment form DD 2642) from beneficiaries in the United States and Puerto Rico. Claims filed on the old form will be returned to the sender for resubmission on a DD 2642 form.

Individual professional providers must use the HCFA 1500 form. Institutional providers must use the UB-92 form.

DD Form 2520 may still be used by patients and providers of care to file CHAMPUS claims for services received outside the United States and Puerto Rico.

Story by the Office of the Civilian Health and Medical Program of the Uniformed Services

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HEADLINE: Age Waiver Permitted for MECP Candidates
BUPERS Washington (NSMN) -- The FY96 Medical Enlisted Commissioning Program (MECP) selection board will consider age waivers from qualified applicants.

Chief of Naval Personnel VADM Skip Bowman approved the change in response to fleet requests and to help increase the number of candidates eligible to apply.

Previously, candidates had to complete degree requirements for a Bachelor of Science in Nursing and be appointed prior to age 35. The selection board can now consider waiving the age of commissioning to the age of 37. Applications for the MECP are due 1 January 1996, but age waivers will be accepted until 1 February 1996.

The complete application procedures are outlined in BUPERSINST 1131.3. Information about the age waiver is available

in NAVADMIN 285/95.

Story by JO2 Scott Curtis, Bureau of Naval Personnel

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HEADLINE: Navy Doctor to Chair Military Anesthesiology Session

NAVHOSP Newport, RI (NSMN) -- CDR Glen Bacon, MC, chief of anesthesiology at Naval Hospital Newport, was recently asked to chair the session on Military Anesthesiology at the World Congress of Anesthesiology to be held in Sidney in April 1996.

Bacon's commanding officer, CAPT Chad Henderson, MSC, called the selection an "honor for both Commander Bacon and Navy medicine. He is a former flight surgeon and continues to actively support our operational commitments, a dedicated clinician and fine naval officer who has made significant contribution here and was recently asked to serve as a member at large of the Medical Staff at Newport Hospital, yet another honor."

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HEADLINE: VA Launches New Health Study of Gulf Veterans

VA Washington (NSMN) -- The Department of Veterans Affairs has begun new research on the health of Persian Gulf War veterans and their families. It's the latest step in a search for answers about the health consequences of that conflict.

The "National Health Survey of Persian Gulf Veterans and Their Family Members" is a broad epidemiological study that will compare a representative sampling of 15,000 Persian Gulf veterans with a control group of 15,000 veterans who served stateside or in other locations away from Southwest Asia during the Persian Gulf War.

Both study populations include representative subgroups of men and women in all services ranging from the Air National Guard to active duty Marines. Like the study group, the comparison group sample is drawn from service members on duty at the time of the Gulf War.

The study will also evaluate the reproductive health and birth outcomes of Persian Gulf veterans and their families.

Secretary of Veterans Affairs Jesse Brown said, "While the health problems of any Persian Gulf veteran are important and deserve immediate attention, these veterans and their families also want long-term answers. For that, we need a controlled scientific basis to find prevalence of illnesses, how they may differ from a control group norm and whether early clues to high-risk associations can shed light on causes."

The study initially will gather data through a mail questionnaire and follow-up telephone interviews, as required. Medical records will be examined to validate survey findings, and about 1,000 households in each group will be offered medical examinations. Counting family members who are invited to participate in the physical exams, the cohorts' size may triple.

"I need our veterans to help me get to the bottom of this issue," Brown said, "and I urge every veteran who receives a questionnaire to return it promptly. With full participation, we can expect more meaningful answers."

The National Health Survey is being administered by VA's Environmental Epidemiology Service, which expects initial survey data in June 1996 and final physical examination results in June 1998.

While Gulf veterans cannot volunteer for the new study due to the scientific quality controls of random selection for a representative sampling, VA continues to provide a medical exam and battery of tests through its registry program. All Gulf veterans are invited to participate, free of charge. Additional information is available through the Persian Gulf Information Center at 1 800 PGW-VETS (1 800 749-8387).

Story by Department of Veterans Affairs

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HEADLINE: Naval Medical Clinic Portsmouth Receives Accreditation
NMCL Portsmouth, NH (NSMN) -- Naval Medical Clinic Portsmouth and its affiliate clinic, the Branch Medical Clinic at Naval Air Station Brunswick, ME, have received a three-year Accreditation with Commendation by the Joint Commission on Accreditation of Healthcare Organizations. This is the highest level of accreditation awarded by the Joint Commission and the second time that the clinics have received an overall summary score of 100 percent compliance.

"Receiving Accreditation with Commendation is a significant achievement, one that recognizes exemplary performance by both clinics," said Dr. Dennis S. O'Leary, president of the Joint Commission. "The two clinics should be commended for their commitment to providing quality care to all beneficiaries."

"We are extremely pleased to have achieved this designation," said CAPT R.G. Relinkske Jr., MSC, commanding officer of Naval Medical Clinic Portsmouth. "The staff of both clinics have continuously striven to provide our beneficiaries with the best possible care available. Receiving Accreditation with Commendation for the second time in as many surveys is indicative of the staff's dedication and team effort and an accomplishment of which all staff members may be proud."

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HEADLINE: Navy Medical Department People Involved in Operations BUMED Washington (NSMN) -- The Navy Medical Department continues to support the Navy and Marine Corps team through deployments with the fleet and humanitarian operations. Here is the latest update on where our medical people are on assignment.

Medical forces currently on operational assignment are:

Operation Sea Signal Phase V

Medical/Dental augmentation personnel: 41

The Navy Medical Department is in full support of Operation Sea Signal. There are 41 remaining medical and dental personnel assigned to CJTF-160 providing medical treatment for 4,504 Cuban migrants. U.S. Naval Hospital Guantanamo Bay, Cuba, in combination with CJTF-160, is providing a comprehensive program of inpatient, outpatient, mental health and dental care for all migrants.

Operation Full Accounting

Navy Medical Corps officers, Physician Assistants and Independent Duty Corpsmen (IDCs) participate in this operation by volunteering to serve tours ranging from just under two weeks to two months to support the teams searching for remains of MIAs and POWs in Laos, Cambodia and Vietnam. The next mission, scheduled for late December 1995, will involve the first female Navy IDC to participate in Operation Full Accounting. Those who meet the qualifications and wish to volunteer may contact HM2 Salicrup at DSN 762-3427 or commercial (202) 762-3427.

Exercise Support

Mobile Medical Augmentation Readiness Team (MMART) Five from Naval Medical Center Oakland, CA, is providing medical support for a WESTPAC exercise on board USS NEW ORLEANS (LPH 11). Team Five will stand-down upon completion of their mission at the end of December. Naval Hospital Bremerton, WA, has replaced Oakland as the new home for MMART Five.

MMART Four, from National Naval Medical Center Bethesda, MD, is deployed to provide support for a Mediterranean Amphibious Ready Group (ARG).

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3. January 1996 calendar of events and observances, and an article for National Drunk and Drugged Driving Prevention Month.

JANUARY

National Volunteer Blood Donor Month

March of Dimes Birth Defects Prevention Month, Theme: "Think Ahead" -- (914) 997-4622

National Eye Protection Month

7-13 January: National Patient Representation and Consumer Affairs Week, Theme: "Reaching New Heights" -- (312) 422-3999

11 January 1964: U.S. Surgeon General Luther Terry issued first government report that smoking may be hazardous to health

21 January: Sight Saving Sabbath -- Prevent Blindness America, 1 800 331-2020

21-27 January: National Glaucoma Awareness Week -- 1 800 331-2020

25 January: National IV Nurse Day, Theme: "Take Ownership" -- (617) 441-3008

27 January: Sight-Saving Sabbath -- 1 800 331-2020

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HEADLINE: Special Observances During 3D Prevention Month

NHTSA Washington (NSMN) -- In the last decade, encouraging progress has been made in reducing injury and death in motor vehicle crashes involving drivers and pedestrians impaired by alcohol and other drugs. Part of the effort to reduce these senseless tragedies is the annual December observance of National Drunk and Drugged Driving (3D) Prevention Month. Additional observances during December serve to focus the community in its efforts to "Take a Stand Against Impaired Driving."

SUBHEAD: Lights On For Life Day, 15 December 1995

This day honors the victims of impaired driving crashes and

calls attention to the tragic effects of impaired driving. First observed in 1994, Lights On For Life Day serves as a one-day nationwide headlight observance in remembrance of persons killed or injured in alcohol-related crashes. The event also serves as a reminder that law enforcement officials throughout the nation will especially target impaired drivers during the holiday season.

Take a stand against impaired driving this holiday season. Turn your Lights On For Life on Friday, 15 December, by driving with your headlights on all day.

SUBHEAD: Holiday Lifesavers Weekend, 15-17 December 1995

Historically, the weekend before Christmas is a period of increased travel and alcohol consumption and, as a result, is the focus of law enforcement efforts. The goal of this national effort is to improve public safety on the nation's highways by providing assistance to the motoring public, reducing impaired driving, increasing the use of seat belts and child restraints and aggressively enforcing speed laws.

Information provided by the National Highway Traffic Safety Administration

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4. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR EMAIL TO BUMED, ATTN: NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 762-3223, DSN 762-3223. FAX (202) 762-3224, DSN 762-3224. EMAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

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